



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Phillip E. Cochran, D.V.M.

Date: January 14, 2005

Serial No. : 10/623,374

Examiner Julie Yen

Filed : July 18, 2003

For : DENTAL X-RAY FILM
POSITIONING INSTRUMENT

Group Art Unit 2882

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

RESPONSE TO OFFICE ACTION

In response to the Office action dated July 14, 2004, please consider the following amendments and remarks:

Amendments to the Specification	None
Amendments to the Claims	Begin on page 2
Amendments to the Drawings	None
Remarks	Begin on page 10

01/19/2005 GWORDOF1 00000020 10623374

02 FC:2202 250.00 DP

02/15/2005 CMDORE 00000005 111540 10623374

01 FC:2202 25.00 DA

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Fee Only

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Dec. 8, 2004
PATENT APPLICATION FEE DETERMINATION RECORD
Effective ~~October 1, 2004~~

Application or Docket Number

10/623374

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

11805

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>35</i>	Minus ** <i>24</i>	= <i>11</i>
Independent	* <i>2</i>	Minus *** <i>3</i>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
<i>x 25</i>		OR	<i>x 50</i>	
<i>x 100</i>		OR	<i>x 200</i>	
<i>+ 180</i>		OR	<i>+ 360</i>	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
<i>x 25</i>	<i>275.00</i>	OR	<i>x 50</i>	
<i>x 100</i>		OR	<i>x 200</i>	
<i>+ 180</i>		OR	<i>+ 360</i>	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
<i>x 25</i>		OR	<i>x 50</i>	
<i>x 100</i>		OR	<i>x 200</i>	
<i>+ 180</i>		OR	<i>+ 360</i>	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
<i>x 25</i>		OR	<i>x 50</i>	
<i>x 100</i>		OR	<i>x 200</i>	
<i>+ 180</i>		OR	<i>+ 360</i>	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	